

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>10/020531</i>	Filing Date <i>12-14-2001</i>			
							Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend	*	Indep	Depend	Indep	Depend
1							51				
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48							98				
49							99				
50							100				
Total Indep	2						Total Indep				
Total Depend	15	←	←	←			Total Depend	←	←	←	
Total Claims	17						Total Claims				

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